# Locally Planned Care

Annual Business Plan
2010 - 2011

Ontario
Local Health Integration Network

# Enhanced Integration

# Increased Capacity

# Improved Access to Quality Health Services


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# A Message from the Board Chair and CEO

Central West Local Health Integration Network
Board Chair Joe McReynolds and CEO Mimi Lowi-Young

July 15, 2010

Mr. Ken Deane
Assistant Deputy Minister, Health System Accountability and Performance Division
Hepburn Block, 5th Floor
80 Grosvenor Street
Toronto, Ontario M7A 1R3

Dear Mr. Deane:

**Re: 2010 - 2011 Annual Business Plan**

In accordance with the requirements of the Local Health System Integration Act 2006 and the obligations under the Agency Establishment and Accountability Directive please find enclosed the Central West LHIN's 2010-2011 Annual Business Plan. The Annual Business Plan is one of the three components of the Annual Service Plan process and details the LHIN's multi-year planning for the local health system, and describes how the Central West LHIN is progressing on the priorities of our Integrated Health Services Plan (November 2009).

This Annual Business Plan 2010-2011 has been reviewed by Central West LHIN's Board of Directors and the following resolution was passed at its meeting on June 23, 2010.

Sincerely,

Joe McReynolds
Board Chair of the Central West LHIN

Mimi Lowi-Young
Chief Executive Officer of the Central West LHIN

# Members of the Board

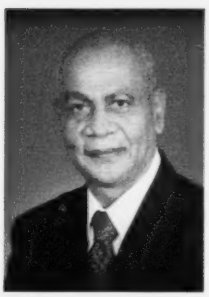
*Joe McReynolds, Chair*
*June 9, 2008 – June 9, 2011*

*Terry Miller, Vice Chair*
*June 9, 2008 – June 9, 2011*

*Kuldip Kandola, Secretary*
*June 9, 2008 – June 9, 2011*
***(Currently on Leave)***

*Anita Gittens, Member*
*May 17, 2008 – May 17, 2011*

*Zygmond Novak, Member*
*June 17, 2007 – June 17, 2010*



*Winston Issac, Member*
*January 12, 2010- January 12, 2012*

*Gerry Merkley, Member*
*June 17, 2010 – June 16, 2013*

## 2.1 Annual Business Plan

The Central West LHIN has an ambitious agenda in the next three years. With the strategic directions clearly expressed in the Integrated Health Services Plan (IHSP2) approved by the Central West LHIN Board of Directors on November 25 2009, the LHIN will continue its work of transforming the local health care system.

The Annual Business Plan is a key component of the Ministry / LHIN accountability framework. The Central West LHIN's 2010-2011 Annual Business Plan operationalizes the IHSP2 by providing a detailed implementation plan for the upcoming year. The plan builds on previous years' successes, captures changes for the 2010-2011 year, and recognizes that many initiatives have implications in years beyond 2010-2011.

The Annual Business Plan highlights key actions and interventions the LHIN intends to take, focusing on integrating health services. It outlines the expected impacts of these key action items, for each of the LHIN's priorities identified in the IHSP2. The IHSP2 details the LHIN's priorities and strategic directions for the local health system, including specific goals and rationale and the measures that will be used to determine our successes.

The key action items highlighted in the Annual Business Plan for each priority are indicative of the full spectrum of the LHIN's work which is detailed in the IHSP2. As an extension of the IHSP2, the Annual Business Plan, indicates how, in partnership with health service providers and the community, the Central West LHIN will work to improve the health of residents who live within the LHIN's geographic boundaries. The Central West LHIN's work is about developing an integrated system of health services aimed at improving access to, and the quality of, local health services.

## 2.2 Mandate and Strategic Directions

Under the Local Health System Integration Act, the Central West LHIN has the authority to plan, coordinate, integrate, fund, and monitor the local health system for the purpose of improving the health of residents who live in local communities within the LHIN's geographic boundaries. Based on this mandate the Central West LHIN established its strategic directions using 5 guiding principles:

1. Equitable access based on patient / client need
2. Preservation of patients' / clients' choice
3. People-centred, community-focused care that responds to local population health needs
4. Measureable, results driven outcomes based on strategic policy formulation, business planning, and information management
5. Shared accountability between providers, government, community and citizens

The Central West LHIN's strategic directions are fully aligned with the Ministry of Health and Long-Term Care (MOHLTC) priorities as well as based on community engagement, data analysis, and leading practice research conducted at the local level.

Strategic Directions that align with provincial priorities of the MOHLTC include:

- ER/ALC
- Diabetes
- Mental Health and Addictions
- Information Management
- Aboriginal Health
- French Language Services

Strategic Directions that reflect needs at the local level include:

- Primary Health Care
- Integrated Regional Programs
- Diversity and Equity
- Health Human Resources
- Back Office Integration

## 2.3 Environmental Scan and Key Drivers of System Change

The Central West LHIN now funds 53 Health Service Providers with a total transfer payment of **$727,026,800 in 2009/10**. Included in the total transfer payment is the funding for the following initiatives:

- Growth Funding - $1,132,000
- Post Construction Operating Plan (PCOP) Funding - $20,000,000
- ER/ALC Pay for Results Funding - $3,900,000
- CCAC Service Maximum - $2,800,000
- Urgent Priorities Funding (UPF) - $446,000
- Aging at Home Funding - $4,100,000

Health Service Providers in the Central West LHIN consist of:

- 2 Community Health Centres (with 3 Satellite locations)
- 1 Community Care Access Centre
- 2 Hospital Corporations
- 10 Mental Health and Addictions Services
- 23 Long Term Care Homes
- 15 Community Support Services

Key drivers of system change in the Central West LHIN include:

**Population Growth:** Based on the 2006 Stats Canada Census, the Central West LHIN has the highest growth of any LHIN in the Province and its population is expected to continue to grow by 25% over the next 10 years. In 2009/10 Growth Funding was invested to accommodate for the Central West LHIN's population growth.

**Diversity:** Approximately 46% of the population of the LHIN is identified as immigrants and over 50% are visible minorities requiring the development of more culturally appropriate health care services.

**Clinical Utilization:** Almost 40% of residents in the Central West LHIN seek their care from providers outside of the LHIN borders. The objective is to increase local access to a broader range of health services for residents of the Central West LHIN.

**Emergency Volumes:** Demand for Emergency Services in the Central West LHIN has increased significantly, particularly at the Brampton Civic Hospital. Reducing the waits for emergency care is fundamental to the LHIN's work with health service providers to ensure patients obtain the right type of services in the right place at the right time.

**Diabetes:** The Central West LHIN has one of the highest rates of diabetes amongst all LHINs. Moving forward with the province's Diabetes Strategy should benefit residents of the LHIN by establishing a system of care that promotes education, prevention and wellness and ultimately better disease management.

**Primary Health Care:** In order to continue to increase access to primary care, the LHIN is building on the province's primary care improvement initiatives by supporting the development of new family health teams, increasing the number of community health centre satellites, working with physician recruitment groups and increase the use of interprofessional collaborations, and developing the Health and Care Centre model.

**Brampton Civic Hospital:** Services at the Brampton Civic Hospital will expand to meet local needs, as funding is made available to further support the development of a range of integrated clinical programs, providing specialized regional and tertiary programs for residents throughout the LHIN.

**Peel Memorial Redevelopment:** The redevelopment of the Peel Memorial Health Centre site of William Osler Health System will address gaps in local services. This multipurpose health service centre will be mandated to provide urgent care, ambulatory services, women and children's health services, seniors services and mental health and addictions services.

# ER/ALC

We have a vision for an emergency system that delivers high quality patient-centred care that meets the urgent needs of the community and that reduces wait times in the emergency department.

## IHSP Priority Description:

Decreasing Emergency Department wait times is fundamental to the LHIN's work with health service providers. Long waits for patients in emergency departments require a systems approach involving hospitals and community service providers. Our integration priorities tie directly to our commitment to reduce Emergency Department wait times.

The LHIN is working on reducing the number of days patients are staying in hospital when they should be receiving alternate care and treatment in another setting. Reducing Alternate Level of Care focuses on ensuring patients obtain the right type of service in the right place at the right time.

## Current Status

- Over the past year Brampton Civic Hospital has experienced exceptional growth in the number of emergency department visits. The growth is impacting hospital operations on many levels and is slowing their progress in achieving Emergency Room/ Alternate Level of Care (ERALC) targets, improvements have been noted. The Central West LHIN is working to meet provincial ER/ALC targets in the following performance areas:
  - Time spent in the ER for high acuity patients (all admitted and non-admitted CTAS I, II, III patients).
  - Time spent in the ER for low acuity patients (non-admitted CTAS IV & V).
  - Percentage ALC Days.

- To reduce the amount of time individuals wait in the emergency department and the number of ALC days, the Central West LHIN invested over $11 million in 2009/10 in 33 initiatives from the following funding strategies:
  - Pay for Results supporting 11 initiatives - $3.9 million
  - CCAC Service Maximum supporting 4 initiatives - $2.8 million
  - Urgent Priorities supporting 2 initiatives - $446,000
  - Aging at Home supporting 16 initiatives - $4.1 million

- Initiatives that the LHIN is pursuing across the spectrum of care to bring about improvement in Emergency Department performance include: Enhanced End of Life Initiative, Short Term Extraordinary Circumstances Initiative, Nurse Practitioner Rapid Response Team, Nurse Led Long Term Care Outreach team, Medical Surgical Clinical Decision Unit (CDU), CCAC Case Manager role in the Brampton Civic Hospital ER and Etobicoke General Hospital Home at Last, and Wait At Home.

- Initiatives to support further reduction of ALC days in the LHIN include:
  - "ACTION" project (Access and Care Transformation Initiative at Osler Now) - William Osler Health System to improve the appropriate flow of patients through the hospital and into the community.
  - Wait at Home initiatives – Central West CCAC to return hospitalized individuals to their homes with enhanced services while they wait for placement in a long-term care home.
  - Convalescent Care Beds in Long Term Care Homes – 40 convalescent care beds are available in Long-Term Care Homes in the Central West LHIN for individuals who require a period of convalescence following treatment in a hospital.
  - Restorative Beds – 5 short stay beds are available in Supportive Housing and Assisted Living settings within the LHIN to assist individuals transitioning out of hospital into the community.

- The Central West LHIN has seen improvement in the length of time that high acuity patients (CTAS I, II and III) spend in the emergency department (improved from Q4 08/09 to Q4 09/10 by 72 minutes in the Central West LHIN)

- The Central West LHIN has also seen improvements in the length of time that low acuity patients (CTAS IV and V) spend in the emergency department (Improved from Q4 08/09 to Q4 09/10 by 36 minutes in the Central West LHIN), moving towards the provincial target of 4 hours.

- The Central West LHIN is one of the best performers in the province in the percentage of ALC days at 9.4% in Q4 09/10

- The Central West LHIN's Right Health Care Setting Core Action Group brings hospitals, the Central West Community Care Access Centre (CCAC), Long-Term Care providers and community providers together to address issues and promote best practices for timely and appropriate care in the right health care setting.

- The Central West LHIN has three hospitals (Brampton Civic, Etobicoke General and Headwaters Health Centre that are included in the ED Pay for Results Program. Under this program, hospitals are working towards an overall 15% improvement in the following three performance areas by the end of 2010/11:
  - Proportion of admitted patients treated within the Length of Stay (LOS) target of ≤ 8 hours.
  - Proportion of non-admitted high acuity patients treated within the Length of Stay (LOS) target of ≤8 hours for CTAS I, II and III
  - Proportion of non-admitted low acuity patients treated within the LOS target of ≤4 hours.

### Goals

- **Reduce ER Demand – reducing the number of non-urgent (CTAS IV and V) cases that present at the ER will enable emergency clinicians to focus on patients with high clinical needs (CTAS I, II and II).**

- **Increase ER Capacity/Performance – improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care.**

- **Improve Bed Utilization – improving bed utilization ensures patients are receiving the right level of care and improves the use of hospital resources.**

- **Enhance Integration and Improve Access – improved coordination, resulting in easier and timelier movement into and out of hospital Emergency Departments and in-patient units, to the CCAC, Long-Term Care facilities, and community providers.**

### Consistency with Government Priorities:

Reducing Emergency Department wait times is the Ontario government's top priority. The Central West LHIN has aligned its goals accordingly.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Improve emergency department performance by working with hospital, CCAC and community partners to implement initiatives identified by the LHIN's Emergency Department Lead, ER/ALC Performance Lead and the Right Health Care Setting Core Action Group | 75% | 25% | |
| Implement Aging at Home initiatives targeted to reduce ER wait times and ALC days. | 75% | 25% | |
| Improve access to primary care by:<br>- Supporting the implementation of new Family Health Teams and Nurse Practitioner Clinics<br>- Funding three Community Health Centre satellite locations<br>- Establishing plans for two Health and Care Centres | 100% | | |

## Expected Impacts of Key Action Items

- Improved emergency department performance and reduced ALC days, in accordance with the Ministry/LHIN Performance Accountability Agreement.
  - Reduction in ER wait times for high acuity patients in the Central West LHIN improved from 15.5 hours in Q4 08/09 to 14.3 hours in Q4 09/10 moving towards the provincial target of 8 hours.
  - Reduction in ER wait times for low acuity patients in the Central West LHIN improved from 5.3 hours in Q4 08/09 to 4.7 hours in Q4 09/10 moving towards the provincial target of 4 hours.
  - The Central West LHIN is one of the best performers in the percentage of ALC days 9.4% in Q4 09/10, better than the provincial target of 9%.
- Increase the percentage of registered patients referred to a family physician through Health Care Connects from the current rate of 61%.

## Risks/Barriers to Successful Implementation

- Increasing volume of emergency department visits at Brampton Civic Hospital.
- Population growth.
- Availability of health professionals.

# Diabetes

We have a vision for a system of services that improves the lives of people living with, or at risk of, chronic diseases. Our initial work with diabetes will establish the platform for excellence in the prevention and management of chronic diseases.

## IHSP Priority Description:

Diabetes is of particular importance to the Central West LHIN since it has one of the highest prevalence rates of diabetes amongst LHINs, and the rate continues to increase steadily. As cited by the Canadian Diabetes Association, there is evidence that suggests a predisposition to diabetes in the high immigrant and ethno-culturally diverse population of the Central West LHIN. Additionally, the prevalence of end stage renal disease (often the result of complications with advanced diabetes) has increased in the Central West LHIN population.

The Central West LHIN is looking to establish a system of care that promotes education, prevention, and wellness. This system of care will empower individuals to actively self-manage their chronic diseases, complications and co-morbidities in partnership with their primary care providers, while being tailored to meet the needs of the LHIN's ethno-cultural communities.
Disciplined

## Current Status

- The Central West LHIN currently has a total of 9.5 Ministry of Health and Long-Term Care (MOHLTC) funded Diabetes Education Programs that are delivered by five health service providers across the LHIN, with 2 additional teams in the process of being established.
- The Diabetes Readiness Assessment and Plan as well as, the Physician Engagement Strategy and Plan to adopt e-Health strategies were completed. These were conducted in response to the government's strategic direction for the Ontario Diabetes Strategy and the e-Health Diabetes Registry. The findings of these assessments and plans will strategically position the LHIN to respond to upcoming funding initiatives.
- William Osler Health System has been identified as the Regional Coordination Centre for Diabetes within the Central West LHIN and the organization is currently recruiting staff that will be funded by the MOHLTC.
- William Osler Health System has been identified as the Regional Chronic Kidney Disease Program and the Regional Coordination Centre.
- The LHIN is working with the MOHLTC and the Ontario Renal Network for approval of a 36 station dialysis satellite in Etobicoke.

## Goals

- Promote education, and wellness to empower individuals to actively self-manage their chronic disease(s) in partnership with their primary care providers, with the focus on prevention.
- Establish programs and services that:
  - Address complications and co-morbidities, and;
  - Are tailored to meet the needs of the LHIN's ethno-cultural communities.

## Consistency with Government Priorities:

The Central West LHIN is strongly committed to improving access to diabetes care for our local communities by supporting the roll-out of the provincial Diabetes Strategy. The intention is to develop patient-focused models of care that will provide education to avoid the onset of disease and promote, early diagnosis of diabetes, effective self-management education for patients and on-going monitoring, to enable rapid treatment of complications. How these models of care will be developed and implemented locally is a key priority for the Central West LHIN.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Implement the local Diabetes Registry. | 25% | 25% | 25% |
| Implement new Diabetes Education Teams in targeted communities – 3 expected to be completed by 2010/11. | 100% | | |
| Work with the Regional Coordination Centre for Diabetes and develop and implement a local multi-year plan. | 75% | 25% | |
| Work with the Regional CKD Centre and fund, develop and implement a local multi-year plan. | 75% | 25% | |
| Implement the Regional Chronic Kidney Disease Program based on best practices, developing home based and Long-Term Care home based dialysis therapies in association with the Ontario Renal Network. | 25% | 25% | 50% |

## Expected Impacts of Key Action Items

- Increase percentage of people with diabetes who receive clinical testing (e.g. blood sugar levels, cholesterol, retinal eye exam) from 33.5% to at a minimum the provincial rate of 35%
- Reduce the prevalence of diabetes in Central West LHIN from current rate of 9.8% to minimum provincial rate of 8.4%
- Increase proportion of Central West LHIN residents receiving CKD services within the LHIN from current rate of 56%
- Increase rates of home dialysis at Osler from current rate of 5.54% to target of 8.11% by 2013

## Risks/Barriers to Successful Implementation

- Availability and access to clinical data and information and monitoring systems.
- Clinical resources to support the Diabetes Education Programs.
- Educating CKD patients on dialysis options.

# Mental Health and Addictions

We have a vision of an expanded community-based, consumer-centred, mental health and addictions services system, designed to improve the lives of people living with mental health and addictions and which meet their individual health needs and circumstances.

## IHSP Priority Description:

Looking to the future, the Central West LHIN envisions services in our region to be grounded in need and in recovery. Individuals and their caregivers will know how and when to access a wide range of integrated services across the continuum that supports those living with mental illness and addictions. We look for LHIN residents with mental illness and addictions to be able to make their own decisions about their care, treatment and goals for recovery, as well as to self-monitor their condition.

The Central West LHIN is home to mental health and addictions organizations that provide a comprehensive range of services to residents. However, community engagement sessions have repeatedly identified significant needs for expanded mental health and addictions services.

## Current Status

- The Central West LHIN funds 10 mental health and addiction services. The LHIN also funds 2 Community Health Centres that provide primary care and patient support to this population.

- William Osler Health System has Schedule 1 psychiatric beds at its two hospital sites. There are no Schedule 1 beds within the Headwaters Health Care Centre.
  - The scope of hospital services includes: 84 designated psychiatry beds, addiction services, child & adolescent clinic, adult community mental health clinic and a crisis intervention team.

- The scope of community, consumer based services include residential long term drug and alcohol addiction treatment for men, intensive case management, justice services, rehabilitation programs, outreach, peer and youth support, individual and group counseling, an emergency shelter, transitional support, supportive housing.

- The number of mental health separations has increased by 14.4% (324 separations) in the hospitals of the Central West LHIN since 2006/07. Patient days and average lengths of stay for mental health have declined.

- The LHIN has completed comprehensive studies in Dufferin and Malton which identified current state service levels in these communities and further identified gaps and requirements for mental health and addiction services for residents.

- Community engagement sessions and local studies in Dufferin County and Malton identified the following key issues faced by individuals with mental health and addiction service needs:
  - Limited resources across the spectrum of mental health and addiction services, including shortages of community-based case management, psychiatrists, psychiatry beds, 24 hour crisis, supportive housing, support groups for families and friends, transportation.
  - Insufficient culturally competent services.
  - Large number of clients leave the Central West LHIN to access mental health and addiction services.
  - Pressures on supportive housing as evidenced by long waiting lists.
  - Stigma associated with this illness.
  - Lack of specialized mental health services which meet needs of seniors.

- Dufferin Connects' Integrated Support Network was established to serve individuals in Dufferin County with mental health and/or addiction needs who are in crisis or require short- term transitional support including housing.

## Current Status Continued

- The Central West Concurrent Disorders Network launched a website with information about care and treatment for people with both mental health and substance use needs. The network of 25 organizations also developed community crisis services and is hiring its staff.

- The LHIN is assisted by local leadership through the monthly meetings of the Mental Health and addictions Services Core Action Group.

## Goals

- Improve access to mental health and addiction services across the LHIN.
- Address priorities identified in the provincial 10-year Mental Health and Addictions Strategy related to local needs.
- Expand community based, consumer-centred mental health and addiction services that meet individual's needs and circumstances.

## Consistency with Government Priorities:

The Central West LHIN will support the local implementation of the provincial 10-year Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful, and effective services. The Central West LHIN will develop and implement strategies aligned with and supportive of related provincial priorities of reducing wait times in Emergency Departments, reducing time in Alternate Level of Care (ALC) beds.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Implement the integrated assessment record based upon learning from the local pilot. | 50% | 50% | |
| Complete implementation of supportive housing units as planned. | 50% | 25% | 25% |
| Leverage local resources to improve access to services based on the needs identified in the Dufferin and Malton reports. | 25% | 25% | 50% |
| Based on the Dufferin and Malton reports develop local integrated mental health and addiction system plans in the communities of Caledon, Rexdale and Brampton. | 50% | 25% | 25% |
| Implement recommendations of the Concurrent Disorders Network using existing identified funding. | 25% | 25% | 25% |

## Expected Impacts of Key Action Items

- Reduce unnecessary hospitalization for mental health and addiction related conditions (reduced number of hospital admissions) because appropriate community resources are in place.
- Reduce repeat unplanned emergency visits within 30 days for Mental Health Conditions from current 14.2% to 12.1% / substance abuse conditions from 17% to 14.5% in 2010/11
- Increase number of people receiving supportive housing by minimum of 16 units in 2010/11

## Risks/Barriers to Successful Implementation

- Significant action may be dependent upon the announcement, implementation, and implications of the 10-year provincial mental health strategy and investment.
- Funding levels for mental health and addiction services remain a challenge and improved integration may not sufficiently address gaps.
- The availability of mental health and addiction services professionals.
- The social and economic conditions often faced by individuals with mental health and addiction issues can extend beyond the health care system and require cross-sectoral partnerships to address them.

# Information Management

We have a vision of a system that leverages information management to link health service providers, better manage patient / client care, enhance decision making, and empowers individuals to self-manage chronic illnesses.

## IHSP Priority Description:

LHIN wide information integration is essential to improving the patient experience, connecting providers and improving communications, in order to support decision making, reduce errors, and support patient self management of chronic illnesses.

## Current Status

- Central West LHIN has established an eHealth Council.
- The LHIN eHealth strategy has been revised to align with priorities and input from all health service providers (HSPs) within the LHIN and the Ministry of Long-Term Care (MOHLTC)
- Central West LHIN has dedicated staff, including a Regional CIO and eHealth Program Manager, eHealth Coordinator and Portfolio Management Office (PMO) Lead.
- 100% of hospitals in Central West LHIN are viewing clinical data through the REACH Portal.
- Central West LHIN developed an eHealth Physician Engagement Strategy.
- Central West LHIN is participating in the development of the Electronic Medical Record (EMR) strategy and the Drug Information Strategy Proof of Concept Project.
- Established a Physician Steering Committee to guide the adoption of Electronic Medical Record technology within the LHIN's Physicians' offices. Priorities include:
  - Support for the OntarioMD EMR adoption program.
  - Development of a proof-of-concept for electronic referrals between primary care physicians and specialists.
  - Pilot for secure communication of medical information between physicians and patients.
- Committed resources towards the CHRIS (Client Health Related Information System) and Health Partner Gateway project (HPG). These provincial standard business systems are currently being implemented at the Central West CCAC.
- Implemented one-mail and one-network.
- Expand physician use of REACH portal.
- Communication and engagement of HSP's regarding local decisions about the eHealth strategy. In addition LHIN-Level information is shared with HSP via e-mails, newsletters, bulletins, etc. Enhancement to the LHIN web site to support communication is planned.
- Early adopter of the Community Care Information Management Integrated Assessment Record (CCIM) project for Mental Health and Addictions clients across the LHIN.
- The Resource Matching and Referral (RM&R) current state assessment project is a partnership between the 7 participating LHINs and builds on the strong geographic alignment and referral relationships that currently exists between them. The partnership reviewed patient flow patterns between healthcare providers within the LHINs and across LHIN boundaries to identify gaps and requirements for the project.
- Regional development and introduction of a web based Community Services Portal to facilitate communication and collaboration across the community sector agencies.

## Goals

- **Provide the infrastructure and enablers required for the achievement of all strategic initiatives.**
- **Improve information sharing within communities and across the continuum of care.**
- **Improve the management and prevention of chronic diseases.**

## Consistency with Government Priorities:

The Central West LHIN has recently developed its eHealth Strategy to address the evolution of eHealth in Ontario. The Ministry of Health and Long-Term Care has made a commitment to implementing the Diabetes Registry and Electronic Health Record across the province. The LHINs will drive the implementation of these priorities by leveraging existing assets and capabilities. Participation in the Connect GTA Project and other projects offer significant partnering opportunities for health service providers. In addition, innovative eHealth solutions must be found to support integration of information in and across community agencies.

In connection with the provincial system, the Central West LHIN has completed the following provincial initiatives locally:

- Electronic Master Patient Index (EMPI) - In Progress
- Wait Time Information System (WTIS) - 100% Complete
- Electronic Children's Health Network (eCHN) - 100% Complete
- Emergency Department Reporting System (EDRS) - 100% Complete
- Client Intake and Assessment Tool (CIAT) - 100% Complete
- Drug Profile Viewer (DPV) - 100% Complete
- Health Outcomes for Better Information and Case (HOBIC) - 100% complete

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Create a Regional Privacy Model. | 75% | 25% | |
| Implement an e-Referral Solution | 75% | 25% | |
| Implement a Community Services Provider (CSP) Portal. | 75% | 25% | |
| Implement the Community Care Information Management (CCIM) initiatives. | 80% | 20% | |
| Receive an Information Management strategic plan from each Health Service Provider. | 75% | 25% | |
| Create a comprehensive communications plan to reach out to providers and patients about the potential of provincial eHealth initiatives and their implementation over the next few years. | 100% | | |
| Implement a Physician eCommunication Solution | 75% | 25% | |

### Expected Impacts of Key Action Items

- Improved sharing and access of information across LHIN health care providers.
- Increased implementation and adoption of electronic medical records.
- Increased number of health service providers that have developed an organization-wide Information Management Strategy.
- Improved ability to drive results through availability and transparency of reporting.
- Improved access to integrated diabetes services.
- Improved access to information required for patient referrals.
- Optimized IT/IS/IM investments by organizing and leveraging existing assets.

### Risks/Barriers to Successful Implementation

- Limited capacity in some health service providers to participate fully in eHealth initiatives.

# Aboriginal Health

We have a vision of Aboriginal health services that are built on what we have heard from our Aboriginal community about traditional and holistic views of health.

## IHSP Priority Description:

Aboriginal engagement is guided by the Local Health System Integration Act, 2006, advising the LHINs to focus on meeting the needs and priorities of the Aboriginal peoples and communities in the area and to respond to health care service delivery issues affecting the Aboriginal peoples.

## Current Status

- There is a small Aboriginal population in the Central West LHIN (0.6%) compared to the province (2.0%). There are no Aboriginal reserves within the LHIN. The Aboriginal community has stated that Census statistics under-report the true number of First Nations, Inuit, and Métis residents living in a community. However, according to the past two Census reports, the Aboriginal population have increased dramatically. The Aboriginal residents in Peel Region from 2001 to 2006 have increased by 40.5% which has surpassed the increase of the Aboriginal population, nationally (20.1%), provincially (28.8%) and also surpassed the City of Toronto's growth (19.7%).

- Based on Statistics Canada and the Aboriginal Peoples Survey 2006, there were some relatively large health disparities in the Aboriginal community within the Central West region. More Aboriginal than non-Aboriginal adults reported daily smoking (29% vs. 11%), arthritis/rheumatism (20% vs.14%), asthma (15% vs. 7%), and diabetes (9% vs. 4%)

- Currently members of the Aboriginal community seek health and social services through main stream providers or travel to Toronto to seek culturally sensitive services through Anishnawbe Health.

- Co-sponsored with the GTA Aboriginal Health Leads to host the "Strengthening The Circle: Building an Aboriginal Knowledge Network." The purpose of this event was to discuss the opportunity of creating a new knowledge network to share knowledge, research and data on urban Aboriginal peoples to enable health planning in a respectful way that fosters the growth of mutually reciprocal relationships between the five Greater Toronto Area (GTA) LHINs and the Greater Toronto Area urban Aboriginal communities.

- Developed a Terms of Reference for the Provincial Aboriginal Health Leads Network. The Provincial Aboriginal Leads Network (PALN) is comprised of the Aboriginal portfolio leads from the fourteen LHINs. The Network will support the Aboriginal lead of each LHIN, encouraging cross-LHIN collaboration, knowledge transfer and communication regarding approaches to Aboriginal community engagement and planning of an integrated healthcare system that meets the needs of local Aboriginal communities throughout Ontario.

- The Central West LHIN partnered with Mississauga Halton LHIN to conduct an Aboriginal health needs assessment for the Aboriginal community living within both LHINs. The purpose of the study was three fold: a) provide a demographic profile, health needs priority, and health status of Aboriginal people living within the Central West LHIN and Mississauga Halton LHIN service areas according to the residents and service providers, b) to determine the community needs and strategic directions for addressing the health needs, and c) to develop an Aboriginal community engagement strategy

- Completed the Aboriginal Community Engagement Strategy which authenticates Central West LHIN's commitment to engaging the Aboriginal community in a respectful and inclusive manner while taking into consideration the diversity of the Aboriginal population.

## Goals

- **Address issues of access to culturally sensitive and culturally appropriate health care programs and services affecting the Aboriginal peoples.**
- **Improve the levels of trust and communication with the Aboriginal community.**

### Consistency with Government Priorities:

In keeping with Ontario's Aboriginal Health and Wellness Strategy, the LHIN will identify needs and gaps in services and health for the local Aboriginal community and it will work to improve access to health services that address the unique needs of the Aboriginal community. Planning for the local needs of Aboriginal communities will build upon work being done at the provincial level, including the development of the Aboriginal and First Nations Health Council, the provincial Aboriginal Wellness Strategy, and Aboriginal Diabetes Strategy.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Establish an Aboriginal community engagement strategy to conduct a needs and gaps analysis of services for the Aboriginal community and to develop a framework for addressing the Aboriginal community's health needs. | 100% | | |
| Implement Aboriginal cultural awareness and sensitivity training modules for LHIN and provider organizations in the LHIN. | 25% | 25% | 25% |
| Build capacity for reporting on the health of the Aboriginal community. | 25% | 25% | 25% |
| Establish the Central West LHINs Aboriginal Core Action Group | 75% | 25% | |

### Expected Impacts of Key Action Items

- Increase number of community engagement events with Aboriginal community – minimum of two in 2010/11
- Increase reported access by members of the Aboriginal community to services developed to meet their specific needs

### Risks/Barriers to Successful Implementation

- Working on improving the relationships with the Aboriginal community to build positive relationships through the delivery of tangible outcomes.

# French Language Services

We have a vision that members of the francophone community have access to an array of health services in French.

## IHSP Priority Description:

Three cities within the Central West LHIN have been designated under the French Languages Services Act – Toronto (Rexdale); Mississauga (Malton) and Brampton. The Central West LHIN is committed to meeting its obligations under the Local Health System Integration Act and the French Language Services Act by connecting with members of the local francophone population to ensure their input into the development of health services that meet their needs. The Central West LHIN is anticipating working closely with the French Language Health Planning Entities to improve engagement with the local francophone community and planning for French language Health Services.

## Current Status

- There are 16,135 francophones in the Central West LHIN. This accounts for an estimated 2.2% of the Central West LHIN population.
- There are currently three "identified" agencies in the Central West LHIN which are mandated to effectively serve the francophone community: Central West Community Care Access Centre (CCAC) and two community mental health service providers.
- The Central West LHIN, along with other GTA LHINs collaboratively developed and implemented a survey of health service provider organizations across the GTA. This was an important step for the LHIN to better understand the extent that Health Services Providers are meeting, or can meet, the needs of francophone residents of the LHIN.
- The results of a recent survey noted the following with respect to services in the Central West LHIN provided by non-identified health service providers:
    - 15 organizations have established a process to identify French speaking clients, in most cases done through an initial interview or intake form.
    - 4 actively offer services to clients, identified primarily as actively offering translation services.
    - 6 have professional translation / interpretation services available.
    - 5 refer French speaking clients to other organizations, in most cases this is the CCAC.
    - 3 currently offer some service in French, most commonly volunteer visiting.
    - 2 give preference to French speaking candidates and/or specify French language proficiency in job advertisements.
    - 3 have French speaking members on their Board of Directors.
- The Central West has recently hired a French Language Health Services (FLS) Consultant to improve engagement with the francophone communities and to plan for French Language Health Services.

## Goals

- Work with identified French language service agencies to meet the requirements of the Local Health System Integration Act and the French Language Services Act.
- Engage and build a positive relationship with the local Francophone community in order to improve the access, accessibility and integration of local French language health services.

## Consistency with Government Priorities:

It is the task of Ontario's 14 local health integration networks (LHINs) to work with the Ontario Government, local health service providers, community agencies, residents and others to ensure a well-coordinated system of health services. This includes the provision of health services in French, as set out in the French Language Services Act and the Local Health System Integration Act.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Provide input to the MOHLTC into the selection of the local French language engagement planning entity by June 30, 2010. | 100% | | |
| Enter into an agreement with the newly identified French language engagement planning entity. | 100% | | |
| Engage with the French language engagement planning entity in their geographic area to develop strategies to improve the access, accessibility and integration of French language health services, planning for and integration of health services in the area. | 75% | 25% | |
| Use accountability agreements to ensure "identified" health service providers comply with the French Language Services Act and reporting requirements. | 100% | | |
| Report on the content, frequency and format of their Francophone community engagement activities in their annual reports. | 25% | 25% | 25% |

## Expected Impacts of Key Action Items

- Increase number of engagements with local francophone community through the French Language Health Planning Entity and the FLS Coordinator.
- Increase number of identified agencies within the Central West LHIN from three (Central West CCAC, CMHA-Peel, SHIP) - requirement in HSAA for William Osler Health System to develop FLS plan.

## Risks/Barriers to Successful Implementation

- It is important to work on building positive relationships through the implementation of the new regulations of the French Language Services Act.
- Ensuring there is a resource lead in the LHIN to lead this priority effectively.
- Ministry of Health and Long-Term Care action needs to support the implementation of the new regulations of the French Language Services Act.

# Primary Health Care

We have a vision of expanded team-based primary health care that is there for all residents, is built upon the needs of the LHIN's diverse communities, is connected through information technology, and is linked to community and acute care services, emergency department volumes and wait times.

## IHSP Priority Description:

Primary health care is the appropriate first point of contact for health services in an integrated model of care. A well developed, strong primary health care system is foundational to health system transformation as it will have a positive impact on improving access and quality of care, enhancing the patient's experience, and reducing emergency department volumes and wait times.

## Current Status

- The proportion of Central West LHIN residents over 16 years of age who report that they have family doctors is 95%, which is slightly higher than the provincial rate of 93.3%.
- Central West LHIN has been successful in obtaining approval for another Family Health Team (FHT) in Wave 4 through the Ministry of Health and Long-Term Care (MOHLTC). In total five Family Health Teams have been approved in the LHIN, three of which are operational.
- The Central West LHIN is currently supporting applications for Wave 5 Family Health Teams (4 applications) and Wave 3 Nurse Practitioner Clinics (3 applications) - submissions due June 25th 2010.
- Two satellite locations with Rexdale Community Health Centre have been approved for interim site locations. Temporary site location services to ramp up in 2010/11 and 2011/12 during the 30 month permanent site construction process. A third satellite with Bramalea Community Health Centre is presently under finalizing of interim funding and interim site location process. This is being negotiated with Primary Health Branch of MOHLTC.
- The LHIN has developed a physician engagement strategy and engages local physician groups, individual physicians, the Ontario Medical Association, and Ontario College of Physicians and Surgeons for input on LHIN initiatives.
- The Central West LHIN held community consultations regarding the development of primary care services in Bolton. A local work group established by the LHIN is developing an implementation plan for a Health and Care Centre in Bolton.
- The Shelburne Community Health Task Force has been established by the Central West LHIN to develop an implementation plan for a Health and Care Centre in Shelburne.
- The Central West LHIN participates in the Central West Mississauga Halton Family Medicine and Public Health Network.
- The Central West LHIN will be developing its own Family Physician Network.

## Goals

- Support the provincial government's priority to increase access to primary health care services.
- Improve local access to primary health care through family physicians and other primary health care providers.
- Develop models of primary health care that meet the needs of local communities.
- Increase the use of inter-professional collaborations to assist residents' access to primary health care.

## Consistency with Government Priorities:

On December 11th, the Ministry of Health and Long Term Care announced that Ontario is creating 19 new Family Health Teams (FHTs) across the province to provide better access to family health care. The new Family Health Teams will be established in areas of the province with high numbers of patients without family doctors. In addition 25 new Nurse Practitioner-Led Clinics (NPLCs) will be established as part of the Family Healthcare for all strategy. The 19 new FHTs and 25 NPLCs are expected to be operational by 2011/12.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Establish the Bolton Community Health Care Work Group to address the gaps in primary health care services and develop the Health and Care Centre model for Bolton. | 100% | | |
| Establish the Shelburne Community Health Care Task Force to address the gaps in primary health care services and develop the Health and Care Centre model for Shelburne. | 25% | 25% | 25% |

## Expected Impacts of Key Action Items

- Increase number of new team-based primary health care teams in the Central West LHIN through new Wave applications – I additional FHT, 1 NP Clinic.
- Increase number of Central West LHIN residents with a primary care physician, improving from the current rate of 95% of residents over 16 of age within the Central West LHIN.
- Increase the percentage of registered patients referred to a family physician through Health Care Connects from the current rate of 61%.
- Reduce the number of unattached patients, named through Health Care Connect data.

## Risks/Barriers to Successful Implementation

- Population growth appears to be increasing pressures on the availability of access to local family physicians for residents of the LHIN.
- Fragmented accountability for primary health care at the Ministry of Health and Long-Term Care and at the local health system level.
- The eHealth infrastructure that will improve client-based information availability and management is in the process of being built.

# Integrated Regional Services

We have a vision of comprehensive, integrated LHIN-wide programs that create a critical mass of high quality treatment and care across the continuum to meet local needs as close to home as possible.

## IHSP Priority Description:

The Central West LHIN will work with health service providers to implement fully integrated services across the continuum of care for specific populations, and for individuals with particular diseases. The LHIN will focus on ensuring appropriate services are available to LHIN residents thereby improving our localization index.

## Goals

- **Implementation of fully integrated services across the continuum of care.**
- **Support self management of particular diseases through the implementation of education programs focusing on prevention.**
- **Development of services that respond to specific needs of our ethno-cultural communities.**

## Consistency with Government Priorities:

A focus on this priority will ensure reductions in wait times for provincial priority areas (cancer, hip, knees, MRI and CT) and improved local access to integrated regional program services (improved localization index across service areas). By integrating regional programs, the LHIN will ensure a seamless continuum of care to improve patient satisfaction, reduce time in ALC beds and subsequently improve ER wait times.

## Consistency with Government Priorities:

The regional programs the Central West LHIN will focus on include:

- Cancer
- Cardiovascular
- Musculoskeletal
- Palliative Care
- Rehabilitation
- Services for Seniors
- Services for Women and Children

Actions/ Interventions specific to these regional programs are detailed from pages 24- 32.

## Expected Impacts of Key Action Items

- Wait times in provincial priority areas meet provincial targets (ER, hips, knees, MRI and CT).
- Increased local utilization (localization index) for each integrated regional programs.
- ALC days meet provincial and Ministry-LHIN Performance Accountability (MLPA) targets.

## Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- Lack of ethno-culturally specific services.
- Concern about geographic distribution.
- Hospital capacity for change will determine the success of regional program integration.
- Capacity to recruit and retain health human resources.
- Service expansion to satisfy local needs is contingent on funding to open additional beds at Brampton Civic Hospital.
- Cancer wait times data reporting is amalgamated with the Mississauga Halton LHIN making it challenging to analyze the wait times data specific to the Central West LHIN. The eHealth infrastructure that will improve client-based information availability and management is in the process of being built.

# Cancer

We have a vision of a local regional cancer program addressing the needs of the local community by developing core cancer services within local health service providers. The integrated regional cancer program will establish both screening and treatment at sites across the LHIN.

## Current Status

- Two hospitals in the Central West LHIN provide a range of cancer services including prevention, health promotion and interventions that cross the full spectrum of diagnostic modalities, medical and surgical oncology, excluding radiation. Cancer patients requiring radiation treatment seek care in the Mississauga Halton LHIN.
- Historically and currently, rates of cancer screening have been relatively low compared to the provincial averages. Rates for Pap tests (67.9%) and mammograms (60.3%) are lower than the provincial rates. For 2009/10, wait times for cancer surgery was 57 days which met the provincial performance target, however not yet meeting the LHIN's performance target
- A regional cancer lead has been appointed by Cancer Care Ontario (CCO). The lead has been given the mandate to coordinate cancer services in the Central West LHIN.
- The Community Health Centres (CHCs) in the Central West LHIN have targets in their accountability agreements with the LHIN to improve cancer screening rates. Reporting demonstrates that CHCs are achieving these targets.

## Action Plans/Interventions

| 2010/11 | 2011/12 | 2012/13 |
|---|---|---|
| 25% | 25% | 25% |

William Osler Health System (WOHS) will take on the leadership role in the provision of regional cancer programming, strengthening the mix and complexity of services across the spectrum of cancer care for LHIN residents.

## Expected Impacts of Key Action Items

- Increased local utilization (localization index) for cancer services.
- Increased cancer screening rates (mammography, Pap screens, and colonoscopies).
- Increased inventory of local cancer services.
- Achieve provincial and LHIN targets for the 90th Percentile Wait Times for Cancer Surgery.

# Cardiovascular

We have a vision for a regional cardiovascular program which will be built from the ground up to meet the needs of local residents, with particular attention to the large South Asian population.

## Current Status

- In the Central West LHIN, one hospital provides tertiary level cardiovascular services. For the full breadth of services (e.g. angioplasty and cardiac bypass surgery) Central West LHIN residents access neighbouring LHINs to meet their needs. St. Michael's Hospital, Trillium Health Centre and University Health Network received the majority of the transfers from the Central West LHIN.
- In 2008/09, the local utilization (localization index) for cardiovascular services in the Central West LHIN was 60.7%.
- The development of services locally will be a focus for the coming three years.
- The ethno-culturally diverse population in the Central West LHIN has a high incidence of cardiovascular disease.
- Health System Plan indicates the need for one of the hospital sites in the Central West LHIN to pursue designation as a cardiac centre, expanding its scope of service from diagnostic cardiac catheterizations to include heart function clinics, and angioplasty.
- William Osler Health System is taking the leadership role to implement a local Percutaneous Coronary Intervention program – submission to Ministry of Health and Long-Term Care (MOHLTC).

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Create a strategy to build a comprehensive system of cardiovascular services within the Central West LHIN. | 75% | 25% | |
| Implement a local Percutaneous Coronary Intervention (PCI) program. | 75% | 25% | |

## Expected Impacts of Key Action Items

- Increased local utilization for cardiovascular services.
- Increased inventory of local cardiovascular services.

# Musculoskeletal

We have a vision for a full spectrum of musculoskeletal services that is close to home and well prepared to handle trauma and surgery.

## Current Status

- Musculoskeletal services are provided at the two hospitals located in the Central West LHIN.
- The localization index for Central West LHIN patients requiring musculoskeletal services at tertiary care centres are:

| | |
|---|---|
| Hip Replacement | 57.3% |
| Knee Replacement | 52.7% |
| Hip Fractures | 73.3% |
| Other Fractures | 76.2% |
| Other Ortho | 44.9% |

- The majority of the acute admissions for conditions which require rehabilitation fall into the musculoskeletal category with "other orthopedic" procedures being the most numerous.
- The aging population in the Central West LHIN will create high demand for hip and knee replacements.
- Wait Times performance results for 2009/10 (90 percentile):
  - Hip replacement is 158 days) which met the LHIN's performance target of 182 days
  - Wait time for knee replacement is 181 days which met the LHIN's performance target of 182 days
- According to the CIHI Health Indicator report, 67% of individuals who experienced a hip fracture in 2007/08 met the 48 hour target for surgery.
- The two hospitals located at the Central West LHIN signed a Memorandum of Understanding (MOU) on the care of hip fractures.
- William Osler Health System has submitted a plan for Phase 1 implementation of a foot and ankle triage and assessment program.
- The rehabilitation framework is currently under development and will address the rehabilitation needs of patients receiving musculoskeletal procedures.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Establish a LHIN wide integrated regional musculoskeletal program that crosses the spectrum of service based on best practices /clinical guidelines. | 75% | 25% | |

## Expected Impacts of Key Action Items

- Achieve provincial and LHIN wait times targets in the following priority areas:
  - 90th Percentile Wait Times for Hip Replacement.
  - 90th Percentile Wait Times for Knee Replacement.
- Increased local utilization (localization index) for musculoskeletal services.
- Reductions in ALC days related to musculoskeletal needs.
- Adoption of Bone and Joint Network's best practice guidelines for orthopedic surgery.

# Palliative Care

The Central West LHIN has a vision for a palliative care system that is respectful of individual and caregiver needs and preferences.

## Current Status

- Palliative care services are provided by the CCAC and two community hospice palliative care providers in the LHIN.
- In addition there are 43 palliative care beds in two acute care hospitals (at 3 sites).
- A new ten-bedded residential hospice opened in 2010.
- There are 3 dedicated palliative care case managers in the Central West CCAC.
- Established a Palliative Care Network comprised of local community and hospital palliative service providers working to improve the coordination of palliative care services in the LHIN.
- The LHIN is working to leverage provincial funding for the Palliative Care Network to enhance palliative care services in the LHIN.
- One of the twelve Year 3 Aging at Home initiatives is to fund a robust Share Care Model for Palliative Care.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Build a robust community-based system of palliative / end-of-life services to meet the needs of LHIN residents. | 75% | 25% | |
| Implement and fund two resident hospices within the LHIN. | 75% | 25% | |

## Expected Impacts of Key Action Items

- Reductions in ALC days associated with palliative care services.
- Increased use of palliative / end-of-life services by local residents and caregivers based on need and preference.

# Rehabilitation

We have a vision for a rehabilitation system that is coordinated, easy to navigate and provide timely treatment aimed at returning people to their abilities prior to receiving treatment and care.

## Current Status

- General inpatient rehabilitation in Central West LHIN is delivered in 47 designated rehabilitation beds located at one hospital. The Central West LHIN also has 94 Complex Continuing Care (CCC) beds located in two hospitals (72 at William Osler Health System and 22 at Headwaters Health Care Centre).
- There remains a significant gap in rehabilitation services in the Central West LHIN. The localization index for rehabilitation in the Central West LHIN is 31.6%.
- Rehabilitation Framework Project is underway and will provide a baseline of existing rehabilitation services and performance and direction for future program development.
- Increased funding for community based health service providers for Acquired Brain Injury (ABI) services.
- Established an ABI program in Orangeville
- Central West LHIN in active discussions with surrounding LHINs in regards to mutual interests in rehabilitation services.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Establish a robust LHIN wide regional rehabilitation program based on best practices/ clinical guidelines. | 75% | 25% | |

## Expected Impacts of Key Action Items

- Increased local utilization (localization index) for hospital-based rehabilitation services.
- Increased access to the full spectrum of rehabilitation services.
- Reduced ALC days associated with the lack of available, best practice based rehabilitation services.
- Increased number of rehabilitation beds and post acute spaces dedicated to low intensity, longer duration needs.

# Services for Seniors

We have a vision for a seniors-friendly health care system that is built on the needs of seniors and their caregivers, that is coordinated and easy to navigate, and that provides a broad range of quality and timely services across the continuum. This seniors-friendly system of services will maintain seniors' independence in the community and be close to home.

## IHSP Priority Description:

The Central West LHIN will bring together health service providers to assess the current capacity to meet the needs of seniors and to align with the Aging at Home philosophy. We will continue to thoroughly investigate the use and capacity of community support services as the preferred alternative to hospital and long-term care home placement.

## Current Status

- Although the current population of the Central West LHIN is relatively young, the number of elderly is projected to increase dramatically in the coming years. The seniors population is expected to grow 54.3% by 2016 in Central West LHIN. This is the largest percentage growth amongst all of the LHINs.

- Aging At Home Year 1 initiatives resulted in the following:
  - 24 initiatives funded
  - 3,570 new clients served
  - 48,838 new units of service provided

- Aging At Home Year 2 initiatives will result in the following:
  - 16 initiatives funded
  - 1,196 new clients served
  - 31,712 new units of service provided

- New initiatives include: Alzheimer services, supportive housing, enhanced mental health services, Adult Day Services in Long-Term Care facilities and in the community for South Asians and Somali seniors, congregate dining, home maintenance / home-making services, transportation, Tele-check, Nurse Practitioners at five LTC facilities, "Home-at-Last", Ethno-cultural Seniors Centre, Regional Geriatric Service including community outreach teams, short-stay transition beds, and bathing program.

- Working with hospitals and the CCAC to establish a regional geriatric program.

- Funded the opening of a culturally diverse senior centre within the LHIN. The centre provides ethno-specific programs and services to the South Asian community.

- The lowest 'Median Wait Time to Long-Term Care Home Placement' among all LHINs in the Province.

## Goals

- The Central West LHIN aims to ensure health care services, both in the community and in hospitals, are "senior-friendly".
- Specific goals to achieve this desired future state are as follows:
  - Ensure the provision of health services that cater to ethno-culturally diverse communities.
  - Encourage new and innovative approaches to serving seniors needs, including targeted programs for falls prevention.
  - Improve access and capacity to services for seniors, while providing services as close to home as possible.
  - Actively engage with seniors through education and feed back sessions.
  - Reduce the wait time for seniors in the hospital.
  - Increase the number of assisted living / supportive housing accommodations for seniors.
- Ensure transportation services are available to seniors.

## Consistency with Government Priorities:

The Ministry of Health and Long Term Care supports services that provide seniors, their families and caregivers with an integrated continuum of community-based services to enable them to stay healthy and live more independently in their homes. This includes increasing the overall supply of services that support seniors to stay healthy and live safely at home with independence and dignity. Leveraging change through the provincial Aging At Home Strategy which encourages innovation, and development of new preventative and wellness services for seniors.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Implement Aging at Home initiatives to reduce ER wait times and the number of Alternative Level of Care days. | 80% | 20% | |
| Implement an integrated Regional Geriatric Service across the LHIN. | 80% | 20% | |

## Expected Impacts of Key Action Items

- Reduced hospital readmission rate for patients aged 75+.
- Increased number of highly complex, frail seniors receiving case management / care coordination in the community.
- Maintain the Central West LHIN's current position as having the shortest wait time to LTC home placements from hospital and the community. Wait times for 2009/10 was 47 days.
- Improved access to services addressing the needs of the LHIN's diverse populations in Brampton, Malton and Rexdale.
- Increased community based resources to support seniors to live in their own homes as long as possible.
- Increased number of outreach consultation team home visits

# Women and Children Services

The Central West LHIN has a vision for a system of women and children's care, which is family-based, educates before birth, provides supports during delivery and infancy, promotes health promotion and prevention, is there for children as they grow, and meets the diverse needs of the ethno-cultural communities.

## IHSP Priority Description:

There are significant issues and needs for not only mothers and newborns, but more broadly for women and children. The Central West LHIN has broadened its previous integration priority from "Maternal and Child" services to "Women and Children" services. As a result the LHIN is expanding the work to be undertaken with regards to women's health to extend beyond the time of birth and antenatal care and support.

## Current Status

- The Central West LHIN is home to the highest number of births in the province. In 2007/08 11,523 women residing in the Central West LHIN gave birth. Approximately 40% of these women gave birth in hospitals outside the LHIN. Women in the Central West LHIN have poor access to prenatal care. There is a high incidence of low birth weight babies.

- The two hospitals in the Central West LHIN provide level I maternity services (for women with low risk pregnancies). One of these hospitals has the capacity for level II services (services for women and babies with health problems).

- Identified clinical priorities and Core Action working groups within the LHIN include:
  - Antenatal services
  - Breastfeeding
  - Obesity
  - Speech and language services

- The Provincial Pediatric Complex Care Expert Panel identified three groups of children that require special attention - complex obesity, those with complex mental health issues, and those that are medically fragile.

- Improve access to antenatal services for women, enhance education and promote breast feeding practices.

- The Power Study on the burden of illness for women presented a number of findings about women and their health. Power is the Project for an Ontario Women's Health Evidence-Base Report, a multi-year project funded by Echo: Improving Women's Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care. Key findings speak to inequities in health between women and men, with lower income women facing a number of health challenges that need to be examined within the Central West LHIN.

- The Central West LHIN recognizes the sizeable health inequities associated with gender, income, education and ethnicity. A number of local residents, particularly women, have a lower socio-economic position and experience much higher levels of chronic disease and disability than those who are more advantaged. These circumstances are negatively compounded by language and cultural barriers for women.

- The LHIN is leading the establishment of an integrated obstetrical program that includes joint policies and standards to address maternal and neonatal population needs through:
  - Memorandum of Understanding between William Osler Health System and Headwaters Health Centre for obstetrical services
  - Coordinated approach to Level I (less complex) and Level II (more complex) needs in the LHIN to ensure diverse services for women and children are available. These services include care for mothers and newborns, medical and obstetrical conditions, and advanced and intensive care facilities.

- Increased the number of Neonatal Level II Intensive Care Beds to 4 at William Osler Health System.

- Appointed and funded the Central West LHIN Maternal / Child Lead.

- Established Brampton Civic Hospital as the Regional Perinatal and Children's Health Centre

## Goals

- Improve access to antenatal services for women, enhance education and promote breast feeding practices.
- Improve access and capacity of obstetric services in the Central West LHIN.
- Improve the quality of care and access to paediatric emergency services in Central West LHIN.
- Link existing services and providers with new and different approaches to create new models of care for promotion, preventative, supportive and rehabilitation care for women and children.
- Create awareness and enhance breastfeeding practices.
- Lead on initiatives that will create awareness on childhood obesity and support lifestyle changes for children in the Central West LHIN.
- Lead the development of a Women's Health strategy which cuts across all clinical priorities of the Central West LHIN, focusing on women with chronic diseases and women from the LHIN's diverse populations.

## Consistency with Government Priorities:

At the provincial level, the Ministry has launched several strategies, and established councils and committees to address the health issues of women and children. The Central West LHIN has aligned its priorities as an extension of this provincial focus and is represented on many of these provincial planning tables.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Establish implementation plans for integrated services for the identified clinical priorities of the Maternal Child Core Action Group<br>- Antenatal services<br>- Breastfeeding<br>- Obesity<br>- Speech and languages services | 25% | 25% | 25% |
| Conduct community engagement sessions with diverse women across the LHIN to determine high priority women's health needs. | 100% | | |
| Develop strategies/ action plan to improve the health status of women in the Central West LHIN. | 40% | 60% | |

## Expected Impacts of Key Action Items

- Reduction in the caesarean section rate from the current rate of 20.4%
- Reduction in the percentage of low birth weight newborns from the current rate of 7.8%
- Increase in self-reported breast-feeding by new mothers from the current rate of 92.8%
- Reduction in child injury hospitalizations. Improvement from the current rate of 318.7 per 100,000 population <= 19 years.
- Reduction in children and youth obesity rates from the current rate of 19.3% (self-reported youth ages 12-17 years)

## Risks/Barriers to Successful Implementation

- While the LHIN helps to facilitate, identify gaps and allow for the coordination of services among Central West LHINs Health Service Providers, the delivery of Women and Children services is the responsibility of providers.

# Diversity and Equity

We have a vision for a health system that values ethno-cultural diversity and works to improve access for all residents of the Central West LHIN to culturally competent health care services.

## IHSP Priority Description:

Health services need to promote health equity to all residents of the LHIN regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or any other factors. The rich ethno-cultural diversity in the Central West LHIN requires health services designed to be sensitive to language barriers, respect cultural beliefs, and targeted to preventing and treating diseases that are frequently seen in these populations. The Central West LHIN is working in partnerships with local health service providers to improve access to culturally competent health care services.

## Current Status

- The Central West LHIN is one of the most ethno-culturally diverse regions in Ontario with 46% of the population identified as immigrants and over 50% as visible minorities. The percentage of recent immigrants in the Central West LHIN is 9.5%, substantially higher than the provincial percentage of 4.8%, and with higher percentages in the more urban communities of Malton (18.7%), Rexdale (14.2%) and Brampton (9.9%).

- Research clearly indicates that culture and ethnicity influence health in very real ways. Immigrants in general were more likely to report a shift to fair or poor health.

- The Central West LHIN initiated a Diversity and Equity Core Action Group to work in partnership with the Central West LHIN to design an integrated system of services to improve equitable access to patient care.

- The Diversity and Equity Core Action Group is currently developing the Health Equity Framework that will be incorporated into future accountability agreements that will require providers to submit Health Equity Plans.

- The Central West LHIN is also facilitating the process of integrating cultural diversity into all LHIN priority areas.

- The Health Equity Impact Assessment tool developed by a neighbouring LHIN to analyze the potential impact of program or policy change on health disparities and/or health disadvantaged populations is being evaluated for use in the Central West LHIN.

- Punjabi Community Health Services (PCHS) was designated in 2009/10 as a new Mental Health and Addictions organization and as a Community Services Agency for Caregiver Support providing ethno-cultural programs for the LHIN's diverse communities.

## Goals

- **Ensure health services are designed and delivered to be sensitive to language barriers, respect cultural beliefs, and targeted to prevent and treat diseases that are frequently seen in the region's ethno-cultural populations.**
- **Promote health equity to all residents of the LHIN regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or any other factors.**
- **Partner with local health service providers to improve access to culturally competent health care services.**

## Consistency with Government Priorities:

Culture and ethnicity influence health in real ways including how people link with the health system, their access to health information, their lifestyle choices, their participation in health promotion and prevention, and their understanding of illness. The Central West LHIN is one of the most culturally diverse regions in the province. Improving healthcare service delivery to the LHIN's diverse communities will help in achieving the provincial strategic directions of access and equity of access.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Pilot the Health Equity Impact Assessment tool across health service providers in the LHIN. | 25% | 25% | 25% |
| Include a requirement for the development of a Health Equity Plan as part of each health service provider's accountability agreement. | 100% | | |

## Expected Impacts of Key Action Items

- Increased number of providers trained with the Health Equity Impact Assessment Tool
- Reduction of health disparities in vulnerable and ethno-cultural populations within the Central West LHIN through the implementation of the Health Equity Plans across health service providers
- Increased partnerships between "mainstream" providers with ethno-cultural community-based agencies

## Risks/Barriers to Successful Implementation

- Staffing at health service provider organizations should reflect the LHIN's ethno-cultural diversity.
- Implementation of necessary action items relies on senior management buy-in at provider organizations.
- The need for health service providers to make the investments to address the diversity and equity issues of LHIN residents.

# Health Human Resources

We have a vision expanded inter-professional collaboration and education, and increase the number of healthhuman resources in the LHIN that reflect the needs and diversity of the LHIN communities.

## IHSP Priority Description:

Health human resources issues influence access to and utilization of all health care services. The high population growth in the Central West LHIN and the aging of the health human resources population are leading factors impacting access to health care services. The Central West LHIN aims to work with local providers and community to increase health human resources. It will also stress a strong focus on inter-professional collaboration to optimize health human resources.

## Current Status

- The proportion of Central West LHIN residents over 16 years of age who report that they have family doctors is 95%, which is slightly higher than the provincial rate of 93.3%.
- The LHIN had a higher proportion of residents using walk in clinics than Ontario and a significant proportion of Central West LHIN residents are receiving primary care services in neighbouring LHINs.
- Shelburne is designated as an under-serviced area for family physicians.
- Established the Health Professionals Advisory Committee (HPAC) that is currently developing a framework for health human resources planning in the Central West LHIN, aligned with provincial strategies.
- Central West LHIN is working with HealthForceOntario Partnership Coordinator to recruit physicians to the LHIN. Through the local HealthForceOntario Community Partnership Coordinator, the LHIN also has an understanding of the health human resource requirements of health service providers.
- Central West LHIN has been successful in obtaining approval for another Family Health Team (FHT) in Wave 4 through the Ministry of Health and Long-Term Care (MOHLTC). In total five Family Health Teams have been approved in the LHIN, three of which are operating.
- The Central West LHIN is currently supporting applications for Wave 5 Family Health Teams (4 applications) and Wave 3 Nurse Practitioner Clinics (3 applications) - submissions due June 25th 2010.
- The LHIN has developed a physician engagement strategy and engages local physician groups, individual physicians, the Ontario Medical Association, and Ontario College of Physicians and Surgeons for input on LHIN initiatives.

## Goals

- Increase health human resources so all residents can access healthcare services in the most appropriate, effective way.
- Ensure that providers of healthcare services are able to change with various environmental dynamics (i.e. population growth, different ethno-cultural communities).
- Build partnerships and create forums that will improve the recruitment of required health human resources.
- Develop opportunities for teaching programs for health care professionals, in the community and in hospitals.

## Consistency with Government Priorities:

The Central West LHIN will work closely with HealthForceOntario's Partnership Coordinator to ensure that we are advancing the province's strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future. By supporting the creation of a formalized recruitment committee for communities in our LHIN, being cognizant of various interprofessional care grant programs and encouraging the development of interprofessional collaborations in our communities, the LHIN will help the province meet its health human resource requirements.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Enhance education and inter-professional collaboration among health care providers by establishing the Central West LHIN Inter-professional Collaboration and Education Action Group. | 25% | 25% | 25% |
| Create an inter-professional collaboration best practice inventory to be available to local health professionals. | 100% | | |
| Require health service provider organizations (through SAAs) to develop a Health Human Resources plan. | 40% | 60% | |

## Expected Impacts of Key Action Items

- Increase number of Central West LHIN residents with a primary care physician, improving from the current rate of 95% of residents over 16 years of age within the Central West LHIN. (This was Improved by 2.2% from 07/08 to 08/09).
- Increased number of health care professionals adapting inter-professional collaborations and working arrangements in clinical priority areas.
- Increase number of new team-based primary health care teams in the Central West LHIN through new Wave applications – I additional FHT, 1 NP Clinic.
- Increase the percentage of registered patients referred to a family physician through Health Care Connects from the current rate of 61%.
- Reduce the number of unattached patients.

## Risks/Barriers to Successful Implementation

- Aging labour force makes it challenging to retain our current health human resources.
- Meeting the demands of a population that is growing at a substantial rate.

# Back Office Integration

The Central West LHIN has vision of administrative and support services focused on effectiveness and efficiency by improving value, service quality, risk management, and business controls.

## IHSP Priority Description:

Back office integration initiatives focus on service improvements, the avoidance of additional future costs, the reduction of unnecessary duplication, and the application of savings for reinvestment in improved / expanded clinical and / or administrative services. Based on the review conducted in the LHIN to identify Back Office options and directions, the Central West LHIN has opportunities to improve risk management, service quality and business controls.

## Current Status

- The Central West LHIN received the report on back office integration which will serve as the catalyst for action among health service providers, and between health service providers and the LHIN, to take action on possible back office integration opportunities. Although in its early stages, back office integration continues to move forward strategically and with the consideration of smaller HSP capacity and resources.

- Large number of mental health and addiction services and community support service providers have committed to implement Community Care Information Management initiative to "standardize" financial and human resources information systems.

- Mental health and addiction service providers have implemented common assessment tool and integrated assessment record.

- Implementing a Community Services Provider (CSP) Portal which will facilitate communication and collaboration across the community sector agencies.

## Goals

- **Promote shared resources and collaboration to produce uniform and consistent business processes among providers**
- **Coordinate similar functions, activates and processes such as HR resources, amongst smaller providers to promote collaboration.**
- **Establishing a dedicated back office integration council/ committee to promote coordination**
- **Develop a comprehensive communication strategy and plan to engage all Central West LHIN stakeholders**

## Consistency with Government Priorities:

The Provincial government is promoting back- office integration through its OntarioBuys initiative. Sponsored by the Ministry of Finance, this initiative works with hospitals, school boards, colleges and universities to help them adopt integrated supply chain management best practices. The Central West LHIN has closely monitored the ongoing outcomes and results from OntarioBuys initiatives, in order to position actions and goals accordingly.

| Action Plans/Interventions | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| Through the LHIN's integration mandate, increase in the number of collaborations among health service providers that enhance capacity within back office function. | 25% | 25% | 25% |

### Expected Impacts of Key Action Items

- Enhance capacity within back office function.
- Build foundation for standard financial, human resources, and client inter-organizational information systems
- Higher rates of membership or use of group purchasing initiatives by health service providers.

### Risks/Barriers to Successful Implementation

- Health service providers have multiple sources of funding making it difficult to administer centrally coordinated sharing or collaboration initiatives.
- Health service providers utilize custom and/or proprietary back-office technology, a common platform requires significant resources.

# Staffing and Operations

## Staffing

| Position Title | 2009/10 Actuals as of Mar. 31 FTEs | 2010/11 Budget FTEs | 2011/12 Forecast FTEs | 2013/14 Forecast FTEs |
|---|---|---|---|---|
| CEO | 1 | 1 | 1 | 1 |
| EA to CEO and Board | 1 | 1 | 1 | 1 |
| AA to CEO | 1 | 1 | 1 | 1 |
| Senior Director Planning, Integration and Community Engagement | 1 | 1 | 1 | 1 |
| Senior Director Performance, Contract and Allocation | 1 | 1 | 1 | 1 |
| AA to Senior Directors | 1 | 1 | 1 | 1 |
| Senior Consultant, PICE | 2 | 2 | 2 | 2 |
| Consultant, PICE | 2 | 2 | 2 | 2 |
| Director, Communications and Community Engagement | 1 | 1 | 1 | 1 |
| Communications and Community Engagement Support Consultant | 1 | 1 | 1 | 1 |
| Senior Consultant, Performance and Contract Management | 1 | 1 | 1 | 1 |
| Consultant, Performance and Contract Management | 1 | 1 | 1 | 1 |
| Consultant, Performance and Integration | 1 | 1 | 1 | 1 |
| Senior Consultant, Funding and Allocation | 1 | 1 | 1 | 1 |
| Consultant, Funding and Allocation | 2 | 2 | 2 | 2 |
| Consultant, Decision Support | 1 | 1 | 1 | 1 |
| Program Analyst | 1 | 1 | 1 | 1 |
| Controller/ Corporate Services Manager | 1 | 1 | 1 | 1 |
| Corporate Services Assistant | 2 | 2 | 2 | 2 |
| Total FTE's | 23 | 23 | 23 | 23 |

## LHIN Operations

| LHIN Operations Sub-Category ($) | 2009/10 Actual | 2010/11 Budget | 2011/12 Planned Expenses | 2012/13 Planned Expenses | 2013/14 Planned Expenses |
|---|---|---|---|---|---|
| **Salaries and Wages** | 2198944 | 2112172 | 2164976 | 2219101 | 2274578 |
| **Employee Benefits** | | | | | |
| HOOPP | 213747 | 211217 | 216497 | 221910 | 227458 |
| Other Benefits | 256601 | 232339 | 238147 | 244101 | 250204 |
| ***Total Employee Benefits*** | ***470348*** | ***443556*** | ***454645*** | ***466011*** | ***477661*** |
| **Transportation and Communication** | | | | | |
| Staff Travel | 39978 | 45000 | 45907 | 46455 | 47616 |
| Governance Travel | 20330 | 30000 | 30750 | 31019 | 31794 |
| Communications | 74093 | 80000 | 82000 | 83507 | 85595 |
| Other Transportation and Communication | 24464 | 5000 | 15000 | 15375 | 15759 |
| ***Total Transportation and Communication*** | ***158865*** | ***160000*** | ***173657*** | ***176355*** | ***180764*** |
| **Services** | | | | | |
| Accommodation | 207411 | 234000 | 242000 | 242000 | 242000 |
| Advertising | 12705 | 15000 | 15375 | 15759 | 16153 |
| Banking | 92 | 100 | 100 | 100 | 100 |
| Community Engagement | | | | | |
| Consulting Fees | 335691 | 400000 | 400000 | 335000 | 272000 |
| Equipment Rentals | 9134 | 10000 | 10000 | 10000 | 10000 |
| Board Chair's Per Diem expenses | 75775 | 80000 | 80000 | 80000 | 80000 |
| Other Board Members Per Diem expenses | 63725 | 80000 | 90000 | 90000 | 90000 |
| Insurance | 15725 | 23000 | 23575 | 24164 | 24768 |
| LSSO Shared Costs | 362714 | 359000 | 359000 | 359000 | 359000 |
| LHINC | 12286 | 50000 | 50000 | 50000 | 50000 |
| Other Meeting Expenses | 36603 | 40000 | 41000 | 42025 | 43076 |
| Other Governance Costs | 27155 | 35000 | 35875 | 36772 | 37691 |
| Printing & Translation | 16661 | 40000 | 41000 | 42025 | 43076 |
| Staff Development | 38162 | 45000 | 48625 | 50091 | 51074 |
| Other Services | 223474 | 10000 | 10000 | 10000 | 10000 |
| ***Total Services*** | ***1437313*** | ***1421100*** | ***1446550*** | ***1386936.25*** | ***1328938.16*** |
| **Supplies and Equipment** | | | | | |
| IT Equipment | 7815 | 20000 | 20000 | 10000 | 10000 |
| Office Supplies & Purchased Equipment | 45803 | 55000 | 57000 | 58425 | 59886 |
| ***Total Supplies and Equipment*** | ***53618*** | ***75000*** | ***77000*** | ***68425*** | ***69886*** |
| ***Capital Assets Purchased*** | ***51088*** | ***125000*** | ***20000*** | ***20000*** | ***5000*** |
| **LHIN Operations: Total Planned Expense** | 4370176 | 4336828 | 4336828 | 4336828 | 4336828 |
| **Annual Funding Target** | [redacted] | 4336828 | 4336828 | 4336828 | 4336828 |
| **Variance** | [redacted] | 0 | 0 | 0 | 0 |

# Communication Plan

The communications plan for the Annual Business Plan is placed within the context of the LHIN's planning documents, both the Health System Plan and the Integrated Health Service Plan (IHSP2).The Annual Business Plan provides details of the LHIN's activity for the upcoming

## Key Messages:

Messaging about the Annual Business Plan should be consistent with these other planning documents of the Central West LHIN and reflect the key messages found in the LHIN's Communications Strategy 2009-2011.

As with other Central West LHIN's communications, the Annual Business Plan speaks to our priorities, our current status and our successes, our goals, our actions and the expected impact of our actions.

The Central West LHIN brings value to the health care system and the public because:

- Through our leadership, we are transforming the health care system
- Through community engagement, we are basing our work on an sound understanding of our stakeholders health concerns
- Through our staff, we are a valuable source of information.

The Annual Business Plan is a key component of the Ministry-LHIN Performance Agreement. Through the Annual Business Plan Communications Plan, Central West LHIN will communicate how we are:

- Leaders in transforming the health system
- Responding to local issues
- Responsible for our Ministry/LHIN Accountability Agreement
- Operationalizing the Integrated Health Services Plan (IHSP2) and fulfilling the vision of our Health System Plan.

## Strategy:

The Communications Strategy is based on the principle of stakeholder communications. Stakeholder communications must be audience driven – the message is tailored to speak to the target audience by understanding what aspects they will find most important. This understanding will build customized messages that will help turn key stakeholders into third party endorsers of the Central West LHIN's leadership in transforming the local health care system.

Consistent with the Central West Board of Directors Communication Plan for 2010/2011, promotional material and speaking opportunities for Board members will be developed. Key Messages about our successes and how the Central West LHIN plans to improve health care for the citizens in the LHIN will also be developed. Public Relations will become a key part of the communication strategy of the LHIN.

## Goals

| | |
|---|---|
| **Central West LHIN Website** | Post ABP background materials and information. |
| **Media Relations** | Positioning stories that reflect how the ABP is unfolding in press releases and other appropriate forms of media outlets including radio, television, newspaper, etc. |
| **Leverage Ongoing Meetings** | Discuss/Present at board meetings and meetings with stakeholders<br>– particularly focusing on audience specific messaging. |
| **Highlight in Central West LHIN Monthly Bulletin** | Audience or sector specific information in *Bulletins* and *LHIN∫o Minute* targeted to specific stakeholders (ie long term care sector or acute care sector. |
| **Board Community Engagement/ Meetings with Public** | The Communication Plan will develop the vital role of the Central West LHIN's Board members in connecting to the local community by providing information about the role of the LHIN and its activities — including speaking at service clubs, community groups and other appropriate venues. The use of social media tactics such as Facebook will also be explored further. |

# Central West **LHIN**

**Contact Information**

**Telephone**
Main Phone: 905.455.1281
Toll Free: 1.866.370.5446
Main Fax: 905.344.0427

**Address:**
8 Neilson Street West
Suite 300
Brampton, Ontario
L6X 4J2

**Website:**
www.centralwestlhin.on.ca

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